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**DEC 9 7 2005** **U.S. PATENT & TRADEMARK OFFICE**

**FEE TRANSMITTAL**

Effective December 8, 2004

**TOTAL AMOUNT OF PAYMENT** (\$120.00)

**METHOD OF PAYMENT** (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number  
Deposit Account Name

05-0840

Eli Lilly and Company

X Charge Any Additional Fee      Charge the Issue Fee Set in 37 CFR 1.18 at the time of allowance

**FEE CALCULATION**

1. In connection with the filing, search and exam fees

Code	Description	Fee	Fee Paid
1011	Basic filing fee (Utility)	\$300.00	
1111	Utility search fee	\$500.00	
1311	Utility examination fee	\$200.00	
<b>SUBTOTAL (1)</b>		<b>(\$)</b>	

Code	Total claims	Extra	Fee Paid (\$)
1202	— 20 =	— X 50 =	\$

Complete if Known	
Serial No.	10/072,540
Application Date	February 8, 2002
US Nat'l Entry Date (if applicable)	
First Named Inventor	James Arthur Hoffmann
Group Art Unit	1614
Examiner Name	Delacroix-Muirheid
Conf. No.	4243
Attorney Docket Number	X-11368A

**FEE CALCULATION (continued)**

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Fee Description	Fee Paid
1051	130	Surcharge-late filing fee or oath	
1052	50	Surcharge-late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1251	120	Extension for reply within first month	120 . 00
1252	450	Extension for reply within second month	
1253	1,020	Extension for reply within third month	
1254	1,590	Extension for reply within fourth month	
1255	2,160	Extension for reply within fifth month	
1401	500	Notice of Appeal	
1402	500	Filing a brief in support of an appeal	
1452	500	Petition to revive-unavoidable	
1453	1,500	Petition to revive-unintentional	
1502	1,400	Utility issue fee (or reissue)	
122	130	Petitions to the Commissioner	
1801	790	Request for Continued Examination (RCE)	

Code	Total claims	Extra	Fee Paid (\$)
1202	— 20 =	— X 50 =	\$

Other fee (specify)

Code	Total claims	Extra	Fee Paid (\$)
1201	— 3 =	— X 200 =	\$

Other fee (specify)

Code	Total claims	Extra	Fee Paid (\$)
1203	Multiple Dependent Claim	Yes or No	360 = \$ (if yes)

Other fee (specify)

Code	Total claims	Extra	Fee Paid (\$)
1081	Claims and Excess Length Fees Total length (spec + drawings)		
	— 100 = excess pages		\$ _____

Other fee (specify)

No extra charge for first 100 pages. Must pay \$250 for each adtl 50 pages (or fraction thereof).

Code	Total claims	Extra	Fee Paid (\$)
	SUBTOTAL (2)	( \$ )	

SUBTOTAL (3) (\$120. 00)

Code	Total claims	Extra	Fee Paid (\$)
	SUBMITTED BY		Complete (if applicable)

Reg. Number 47,504

Code	Total claims	Extra	Fee Paid (\$)
	SUBMITTED BY		Complete (if applicable)

Code	Total claims	Extra	Fee Paid (\$)
	Typed or Printed Name	Gregory A. Cox	

Code	Total claims	Extra	Fee Paid (\$)
	Signature		Date Dec 16, 2005